mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

1. PLACE OP/DEATH /	(82-d)
Country Means	Registration Dist. No. 287
Village or City Lorn as Albrew	No. St. Ward
Te carry	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs me	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Celeriul M. Celle	
(a) Residence: No. No Calabace (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 3 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
W Widow	(Month) (Pay) (Year)
. If married, widowed, or-divorced ANSBAND of Every B. Collect	22. A I HEREBY CERTIFM. That I attended daceased from
(or) WIFE of Crock 10. Chill	1912 to DOT. 19 19 52
DATE OF BIRTH (month, day, and year)	Plast saw her alive on Ner 17 18 7; death Is said
AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at. 7m.
76 3 11 1 day,hrs	THE RESERVE CAUSE OF DEATH and related dates of importance
8. Trade, profassion, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Mauplegia 1905
SAW MILL, BANK, etc	7.000
this occupation (month and spent in this occupation	
med	Other Contributary Causes of Importance:
2. BfRTHPLACE (city or town) (State or control	Allen han
13. NAME LAGO. a. a. a. a. a. a.	- rqualities
me De d	Name of averaging
14. BIRTYPLACE (city or town)	Name of oparation Data of Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAMILLARY Check Waller	23. If death wes due to external causes (VIOLENCE) fill in also the following:
016	Accident, sulcide, or homicide?
16. BIRTHPLACE (city or town) (State or gountry)	Where did injury occur?
stronger Co Commence	(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) ALOZEA ANDERN	- Speedy winds injury occurred in inspecting, in nome, or in positive particles
B. BURIAL, CREMOTION, OR REMOVAL	Menner of injury
Place Date 19 192	Nature of injury
JUNDERTANDER B. Meacen	24. Was disease or injury in any way related to occupation of deceesed?
(Addiass) Neore and town	If so, specify
11/18 32-02	(Signed) / Much Us alleally M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

W 10 64 12 12

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 3 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDIN

V. S. No. 1

	1. PLACE OF	F. DEATI	Н			159	
	County	H. C	Ma	4)		Registration D	Dist. No. 2 8 6
	Village or C	ity C	red	woon	of he	No	St., Ward
	Length of resi	dence in city	er town where d	eeth occurred		death occurred in a hospital or institution, give its NAMEds. How long In U.S. if of foreign birth?	
	2. FULL NA	11	Mest	14.	1	estit-1	
	(a) Residen		B	[-]	Carri	St., Ward.	
	(a) Residen	ce. No	1.20	(Usual place	ol abode)		ive city or town and State
	PERSON	AL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH
3.	SEX	4. COLOR	OR RACE	S. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	2-U , 193 3 L (Oey) (Year)
5a	. If married, widow HUSBANO of	ed, or divorce	ed	8		22. I HEREBY CERTIFY	That I attended described from
_	(or) WtFE of					11-19-19-10-10	•
6.	DATE OF BIRTH	(month, dey, a	and year) [/	-19	-34	I last saw h alive on _ / _ / _ / /	
7.	AGE Yee	ers	Months	Oays	If LESS then I dey,hrs.	to have occurred on the date stated above, et	
_	1071	-		1	ormin.	were asy ollows:	Oate of onset
NO	8. Trade, profes	ssion, or part vork done, as , BOOKKEEPE	SPINNER.	un	_	1 . 77	
OCCUPATION	G Industry or	business in w	hich			Dear & he can	~~
CO	1 1	s done, es SIL L, BANK, etc		1		11011	
00		ed last worke pation (month		11. Total ti	me (years) It in this petion		
					petion	Other Coutributory Causes of importance:	
12	. BIRTHPLACE (cit (State or cour		Bi	Celision	2-0		*******
ER	13. NAME / L	en	an	slin			
FATHER	14. BIRTHPLACE	(city or town	, un	d	1	Name of operation.	Oete of
_	(State or					Whet test confirmed diagnosis?	
MOTHER	15. MAIOEN NA	ME LUC	zen	il Th	una,	23. If deeth wes due to external causes (VIOL ENCE) fill	In elso the following:
101	16. BIRTHPLACE		1)(lu	c	~~~~~~~	Accident, suicide, or homicide?0	ate of injury, 19
-	(Stete or	country)		10		Where did injury occur? (Specily city or to	own, county and State)
17. INFORMANT / CANADA				lute	ut	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18	. BURIAL, CREMAT		MOVAL	11	0	Menner of injury	
	Place - Ce	cera	f f &	Dete/	7, 19.3.1	Nature of injury	***************************************
19	. UNOERTAKER	181	140	im,	hope	24. Wes disease or injury in eny way related to occupat	ion of deceesed?
-	(Address)	121	- hr	my	and.	tf so, specify 1	444
20	FILEO.L.	0 19	JLAN	Vale	Paristra	(Signed) (Address) are	M. D.
q		THEFT			Registrar.	" (Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		D. D. D. D. D. W. C. S. C.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		

mation should be carefully supplied. ACCAUSE OF DEATH in plain terms, so the TION is very important. See instruction MARGIN F WITH UNFADING N. B.—WRITE PLAINLY,

,	INK-THIS IS A PERMANENT RECORD. Every item of infor-	GE should be stated EXACTLY. PHYSICIANS should state	1st it may be properly classified. Exact statement of OCCUPA-	
/	Jo	plu	00	
X	em	hou	0	
1	ij	70	0	1
	very	ANS	nent	3
	回	CI	ten	
	RD.	YS	sta	
	00	PH	ct	
	RE		Xa	
-	T	×.	H	
	EN	TL	ed.	
Z	Z	C	Sifi	
Ä	M	XA	las	
BII	ER	E	y	te.
03	I P	p	erl	ica
O	20	tat	rop	T
F.	SI	SO	d i	ce
	H	þe	þe	of
>	F	plu	lay	ack
RESERVED FOR BINDIN	IK-	ho	t m	is on back of certificate.
(F)	Z	(A)	ıt i	010
~	rk	25	10	S

1. PLACE OF DEATH	
County Station C	Dist. No. 277
Village or City Hershaus ville Ma. (If death occurred in a hospital or institution, give its NAME)	St., Ward
Length of residence In city or town where death occurredyrs,	yrsmosds.
2. FULL NAME / Voda Juna Lennett.	
(a) Residence: No. Muan Control Hermanual St., Ward. (Usual place of shode) If nonresident a	give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE	OF DEATH
Sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sexuale block (Month)	(Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. HEREBY CERTIFY 22. HEREBY CERTIFY	Y. That I ettended deceased from
5 DATE OF PIPTH (month day and year) (1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 1912 2; deeth is sald
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than to heve occurred on the date stated above, at Years	Am.
1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related cause were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Anyten Bookkeeper, etc.	-Lea
A. Trade, professing, or particular, or particular with a constitution of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and the spent in this council to the spent in the spent in the spent in the spent in this council to the spent in the	
10. Date deceased last worked et this occupation (month and 1982 spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) Acranamille Other Contributory Causes of Importance:	
(State or country)	
13. NAME Joseph Jennell.	
13. NAME Joseph Jamett. 14. BIRTHPLACE (city or town) Assurance of Name of operation. (State or country) Whet test confirmed diagnosis? Jennal decomposition.	Date of
15. MAIDEN NAME Anna Jana. 23. If death wes due to external causes (VIOLENCE) fill	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill Accident, suicide, or homicide? Where did injury occur?	Date of Injury, 19
17. INFORMANT Action Bennett, Specify whether Injury occurred in INDUSTRY, in HOM (Address)	town, county and State) ME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Proceedings Chur Date Hors & 1938 Nature of injury	
19. UNDERTAKER Thomas Hassis 24. Was disease or Injury in eny wey releted to occupa (Address) Hesmansville Hot If so, specify	tion of deceased? M.O.
20. FILED WWW 13 32 ASBeam Son (Signed) Stromm	C. G. M.D.

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.	• 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No.

state

of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURDAU V. S.			
Other contributory causes of importance:	- 7 - 7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH		(BI)	
County & Guer	yr	Registration Dist. No. 28	7/
Village or City Leone	Elom	ND	Ward
Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?	
2. FULL NAME Roberter			
	11 Je. D		
(a) Residence: No. Record	(Usual place of abode)	St., Ward. If nonresident give city or town and State	e
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male Nlite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (19:	3.2 (Year)
5a. If married, widowed, or divorced HUSBANO of		, , , , , , , , , , , , , , , , , , , ,	(,,,,
(or) WIFE of		22. 1 HEREBY CERTIFY, That I attended dece	ased from
tel-26,1863	3	1 lest sew h alive on	19.72
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1	eth is said
69 _4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profession, or particular	ormin.		te of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	endente -	Durine or men 19	8.8.
9 Industry or business in which	0	- Felina Additional Control of the C	
work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased lest worked at this occupation (month and 183)	II. Total time (years) spent in this occupation		
DOM	10-14.0	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	y Fr. and	Otnone Vefebriles	
1 0		and drugely	
E	ryen	<i>V</i> E	
14. BIRTHPLACE (city or town)	and Co the	Name of operation Dete of	
	4 00 40	What test confirmed diagnosis? Was there en autop	sy?V. X.C
I TO THE	gobeth godbury	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	rary, to, ord.	Accident, suicide, or homicide? Date of injury	, 19
PO DA	0 -	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT	Long O	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18, BURIAL, CREMATION, OR REMOVAL	1	Manualtit	
Plece Aoh to ea Chusch	Date Nov. 4- 19322	Manner of injury	
the Chart	2 1	. Nature of injury	3
19. UNDERTAKER	wagley to	24. Was disease or Injury in any way related to occupation of deceased?	0
The state of the s	9/11	If so, specify A	Λ
20. FILED 10 7 3-1, 1932 8	Hisny Ville	(Signed) (Signed) (Signed) (Signed)	/M. D.
	Registrar.	(Address)	T

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		VIRAGOSM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

· 1. 29 "

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

FOR BINDIN

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	16231
County of mary	Registration Dist. No. 282
Village of City Lemandlawa	Ala
-(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s. 22 ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME James Sichard Gale	ardi-
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male while married	(Month) (Day) (Year)
ia. If marriad, widowed, or divorced HUSBAND of	
(or) WIEE of Edna dates	22. HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (MARKET AND	196.2 10 196.2
AGE Years Months Days If LESS than	I last saw h
78 5 99 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trada, profassion, or particular	ware as follows: 2 Data of onest
SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and of this occupation (months and occ	macorsalism
9. Industry or business in which	The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc	J. LAWING J. J. Garming C. J. J. J.
11. Total time (years) this occupation (month and	f
year) occupation with a	Other Contributors Contributors of Income
2. BIRTHPLACE (city or town) Leven allown	Other Contributory Causes of Importance:
(State or country)	and the state of t
13. NAME John Edwords 14. BIRTHPLACE (city or town) - 4.	
14. BIRTHPLACE (city or town)	Name of operation
(State of country) At Morry ON MI	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elyabeth Sovern	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Elogabeth Soverno	Accidant, suicida, or homicide? White and Date of Injury Gulle 1982
(State or country) At many to My	Whera did Injury occur? In fire firms you Levregall
7. INFORMANT Estevench	Spacify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) Leonerations md	
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Fell agament a freis of frich
Place At atofrus Church Mate Nov 21, 1932	Nature of injury.
9. UNDERTAKER hom le mattingley	24. Was diseasa or injury in any way related to occupation of decaaged?
(Address) Ternandhown 400.	If so, spacify in out and of a friday on long
O. FILED 4/20 1952 Carracies	(Signed) 4 4 meetingell M.D.
Registrar.	(Address) Leonardtown had
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
DEC 3 1932	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
BUREAU V.S	July 5,1927	Peritonitis	3 days ago
*			
of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	ath and related causes lows: DEC 3 1932	ath and related causes Date of onset lows: DEC 3 1932 1915 1921 July 5, 1927 of importance:	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

S. No.

2

OCC

1. PLACE OF DEATH

County_

STATE OF MARYLAND—CERTIFICATE OF DEATH

12232

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis DEC 3 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	Thomas		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12233
County of Manyo	Registration Dist. No. 287
Village or City California	NoSt,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Joseph & Haywan	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR, DIVORCED (write the word) White 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH 24, 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Many a Hayward	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) han 7, 1862	I last saw him alive on 20, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.05 A.m.
70 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Mee Research	Cerebral throws 2/1/2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	
10. Date deceased last worked at this occupation (mont) and 1927 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) St Marys County	Other Centributery Causes of importance:
(State or country) 13. NAME Thomas Hauward	Interiorelinasis 1915
13. NAME Thomas Hayward 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary & Cleil	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many & Cleil 16. BIRTHPLACE (city or town) (State or country) Manyland	Accident, suicide, or homicide?
17. INFORMANT Many a Hamiltonia (Address) California And	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St Richoles Cometage Kor 25, 1932	Manner of Injury
19. UNDERTAKER WM C mattingly (Address) Leonardown mil	24. Was disease or Injury in any way related to occupation of deceased? Ro
20. FILED. Nov 24, 1932 ABean hed Registrar.	(Signed) A Company M. D. (Address) Great Miller hid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	Marie and Marie	Example II	
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioseterosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PEC 0 1832	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

FOR BINDIN

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12234
1. PLACE OF DEATH	12234
county ST: Manys County Mic	Registration Dist. No. 287
Village or City Ridge	No. St., Ward
Length of residance in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) 28. ds. How long in U.S. if of foreign birth?
2. FULL NAME Plana Haryand Har	all.
(a) Residence: No. (Qual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wielweck	21. DATE OF DEATH 21 , 193 2 (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of W CA . Hayel	22. I HEREBY CERTIFY. That I attanded deceased from 12. 1932, to Rev 21 1932
6. DATE OF BIRTH (month, day, and year) March 12 1842	I last saw been alive on 20, 1932; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Data of onset
SAWYER, BOOKKEEPER, etc.	Cerebral thrombosis Mor/3/2
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Wandles	Other Contributory Causes of importanca:
(Stata or country) R . 9.	arteris schoosis 1915
13. NAME James Hayand 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? _ko
15. MAIDEN NAME Cing about Ormited 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT U. H. Daniel (Address) Ridge, mcl.	Whera did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mess. Date Nov 23, 1932	Manner of Injury
19. UNDERTAKER Dr. Relit. G. Me Lyine. (Addrass) 1820 gt Street, n. W. Wash Del.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Nov 21, 1932 PJBon MD Registrar.	(Signed) M. D. (Address) Quant Mills Mil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago RHPRATI Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gostroenteritis 1 year

ADDITIONAL SI	PACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	--------	-----------	------------	----	-----------

19. UNDERTAKER (Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 287 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred ds. How long in U.S. if of foreign birth?_____yrs.____mos.___ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) 5a. If merried, widowed, or divorced HUSBAND of CERTIFY, Thet I attended deceesed from (or) WIFE of 900 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months If LESS than to have occurred on the dete stated above, et. 32 1 deyhrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance min were as follows Oate of onset 8. Trede, profession, or perticuler kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (Stete or country) What test confirmed diagnosis? ----- Was there an autopsy? HER 15. MAIOEN NAME 23. If deeth was due to externel causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Dete of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of Injury

If so, specify

(Signed)

24. Was disease or injury in any wey related to occupetion of deceesed?_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "cmployec," "worker," "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEG 8 1932 U			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF PEATH	157-0
County SN: Warys	Registration Dist. No. 283
Village or City Akanand Town	No. No. No. No. Ward St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME YAME! Olande Johns	in h.
(a) Residence: No. 2000/00/00/00/00/00/00/00/00/00/00/00/00	St. Ward.
(Usyal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH MAL 29 1982 (Nonth) (Day) 1982 (Pebr)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, dey, and year) Sept. 24 -1932	I last saw h alive on 19 deth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
a l dey,hrs	were as follows:
8 Trade profession or particular	Oate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate decessed last worked et bis occupation (month end	- (remadure Derch (7 months)
ndustry or business in which work wes done, es SILK MILL,	Large general Republic hossesse
SAW MILL, BANK, etc	- Augmenia Themais -
O 10. Oate deceesed last worked et this occupetion (month end yaar) occupetion occupetion	/ Sugarous Government
Wavaama/	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State oppountry)	**
The state of the s	
E mondama	
4 14. BIRTHELACE (city or town) (State or country)	Name of operation
	What tast confirmed diegnosis? Wes there en au'opsy?
= WANGAMAN	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
Stete pr country)	Accident, suicide, or homicide?
Deman la Colomann.	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL!	Manner of injury
Plece 21. 19 Date 1. 19 0	Nature of injury
19. UNDERTAKER JUNIO 6 Johnson	24. Was disaase or injury in any way related to occupation of dacaased?
(Address)	If so, specify A.
20. FILED MM. 29 1932 K. B. HMAJA	(Signed) A. A. A. M. D.
Registrar.	(Address) ///////////////////////////////////

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. /r.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Pitt.			
The second of th	2		
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLA	AND—			EATH	2237
1. PLACE OF DEATH		(82)		1	182
County Jr. // // // Anna Col			Registrat	ion Dist. No.	
Village or City ////////////////////////////////////	(If	ND death occurred in a horpital	or institution, give its N	AME instead of street	st.,Ward
Length of residence le city or town where depth occurredyrs		ds. How long in			
2. FULL NAME MUM O'SULB					
(a) Residence: Ne Worgama		St.,Ward.			
PERSONAL AND STATISTICAL PARTICULA		MEDIC		dent give city or tov	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V		21. DATE OF DE	AL CERTIFICA	TE OF DEA	тн
Temal Colored OR DIVORCED (Vertice	e the word)		WW. (Month)	23 _(Day)	, 198 (Year)
5a. If marriad, widowed, or give ed HUSBAND of (or) WIFE of		22. 2 1 HER 22. 22	EBY CERT	IFY, That I ett	anded deceased from
6. DATE OF BIRTH (month, dey, and year) Manney	vi	l lest saw h eliv	e on 200-2	2	.32 : death is said
7. AGE Years thoughts Days If I dep	LESS than y,hrs.	to have occurred on tha d	lata stetad above, at		
8 Trade profession or portionles	min.	wera as follows:	D		Date of onset
kind of work done, as SPINNER, LOWIV SAWYER, BODKKEEPER, etc		Olrebial	hemony	Mau	11-22-3
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked et this occupation (month end // 200				4	
10. Date daceased last worked et this occupation (month end // 22 - 32 11. Total time (year spant in this year)	ars) is 82/10/5	J		- <i>f</i>	
12. BIRTHPLACE (city or town) Clement		Dthar Contributory Cause	of importance:		
(State or country)					
13. NAME alfred Green		(**********		
13. NAME CONSIDER THE 14. BIRTHPLACE (city or town) LLMMMM.		Name of operation		Det	e of
C (State or country)		· What test confirmed diegr	nosis?		
I IS. MAIDEN NAME		23. If death was due to exte	ernal causes (VIOL ENCE	E) fill in also the fol	Howing:
16. BIRTHPLACE (city or town)		Accident, suicide, or homi	cide?	Date of Injury	, 19
(State or country)		Where did injury occur?		y or town, county as	nd State)
17. INFDRMANT WYSUM (MCC (Address) TWO YAANSA		Specify whether injury oc	currad in INDUSTRY, in	HOME, or In PUBL	IC PLACE.
18. BURIAL, CRIMATION, OF REMOVAL Place West September 1988 1988 1988 1988 1988 1988 1988 198	1932	Manner of injury	***************************************		
19. UNDERTAKER A		24. Was diseese or injury I		cupation of decaase	d7 700
20. FILED DN 23, 1934 d. B. Jahnsyn	/ P ::	(Signed)	2 July Marie	MMAN	
If more blanks are needed, address Si	Registrar.	(Address)	more Requestion 7) 1	No . /	***************************************

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis D 3 14.2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory course of importance		Other soutail international of immentance		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis		
Tutosonico	May 1,1925	(nasi venierius	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	ADDITIONAL	ACE FOR FURTHER STATEM	MENTS BY	PHYSICIAL
--	------------	------------------------	----------	-----------

p=-		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: Warman I. Y

Example II

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC. 9 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN N. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County W. Meacy's	Registration Dist. No. 282
10 16	Marine Marine
Village or City Coually over	death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsQmos	
2. FULL NAME Charlatte Suc	et
	To Want
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MOY. 25- 193 32
So If married wideward or diversed	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY that I ettended deceased from
6. DATE OF BIRTH (month, day, end year) 2. 23. 1928	i last saw h 4 alive on 2 2 2 195 7 death is said
6. DATE OF BIKIH (month, day, end year)	
7. AGE Yeers Months Deys If LESS than 2 1 day,hrs.	to heve occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
7 ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	De la familia de
SAWYER, BODKKEEPER, etc.	Florian - Interested 11/23
work was done, es SILK MILL, SAW MILL, BANK, etc	J
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end year) year) Occupation	
year) Ucrupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	B sul sel do
(State or country)	(June 9) 1. 1. 1/16
13. NAME FORME OTHER 14. BIRTHPLACE (city or town). Dud,	y areas 1 oce
14. BIRTHPLACE (city or town) Ma,	Aame of operation Oete of
(State of country)	What test confirmed diegnosis? Was there en eulopsy? As
15. MAIDEN NAME Tose Sciences 16. BIRTHPLACE (city or town)	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide (Lecusteur) Date of Injury 13/16, 1937-
▼ (State or country)	Where did Injury occur? Of Lowe Lemanthu
17. INFORMANT Reyse Bruth	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	Noul ,
18. BURIAL, CREMATION, OR BEMOVAL	Menner of insteller ties ig fuled from word It
Plece St. Cloz Ques Oete 126 1932	Nature of injury December 1 2nd a 3 there
1546 Reaction	24. Was disease or Injury in eny wey releted to occupation of deceased?
19. UNDERTAKER	If so, specify
11/5/ 21 60	(Signed) Jacobs Q. Callacing D.
20. FILED (1/26, 19.52 Cleaning Registrar.	(Andress) Torear aform
	, 2411 N. Charles Street, Balsimore, Requesirng U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis DE 2 1022 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago BUREAU VS Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration L	rist. No.	
Steel bon	Ward)	(If death a hospital tion, give it stead of number.)	occurred in or institu s NAME i street and
MEDICAL CE	PTIFICATE O	F DEATH	
16 DATE OF DEATH	no	24	193 2
	(Month)	(Day)	(Year)
17 I HEREBY CERTI	IFY, That I atte	el form	eased from
that I last saw halive	on		, 192,
and that death occurred on	the date stated	above, at 5	Pm
The CAUSE OF DEATH * wa			
Premahir	ebin	ch (5	more
			000000000000000000000000000000000000000
Contributory & Lo-	(Duration)	lou	ee.
(Signed) Lvm (Nro 30 1927 24Addi	(Duration) Jack (ess) Che	loca	ds. M. D.
*State the Disease Violent Causes, state (1) Accidental, Suicidal or Homi	Causing Death, Means of Injucidal.	or, in deat ury and (2)	hs frem Whether
18 LENGTH OF RESIDENC	E (For Hospita		
At place of death yrsmos	ds. In the	yrs	mosds.
Where was disease contracted, if not at place of death?			o
Former or usual residence	······································	DO DO DO	
19 PLACE OF BURIAL OR R	1 -	DATE OF	
Home Gro	cours ?	200 30	, 1982
20 UNDERTAKER		ADDRESS	

If more bianks are needed, address State Registrar, 16 W. SaratogaySt., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coul mine, etc. Wom-Civil engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Admic (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as School, Cook, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write Nonc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation in Stationary fireman, etc. But in many Automobile factory. The materia Locomotive (6) cugineer, (frocery; from

Statement of Cause of Death—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchosphalfewer (the only definite synonym is "Epidemic cerebroginal meningitis"); Dishtheria avoid use of "Croup"); Typhoid Jewer never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic valvular heart disease; Example: Measles (disease " "Coma, etc. Nomenclature of the The contributory " "Convulsions, Measles;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

V.

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	12242
ould OCC	County St Marys	Registration Dist. No. 287
item of should of OCC		No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
× 00 +	Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds
CORD. Every PHYSICIANS	2. FULL NAME Inter & Phones	
	(a) Residence: No.	St. Ward.
RECORD. Sxact state	(Usual place of abode)	If nonresident give city or town and State
PH PH Sxact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month (Day) (Year)
ANENT CTLY ssifted.	5a. If married, widowed, or divorced	
NDIN RMANEN X A C T I	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Jhat I attended deceased from
	h . 1//22	Nov 26, 1932, to Nov 26, 1932 I last saw her aliva on Nov 26, 1932; death is sai
FOR BI IS A PE stated E properly certificate.	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.76 A .m.
FOR B IS A PE stated E properly certificate	1 day ₃ hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
F(IS sta pre ceri	8. Trade, profession, or particular	were as follows:
70	kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this	Parale Litt Cok 17
VE TTH Id	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cause in Land
ERVI NK_T] should it may n back	SAW MILL, BANK, etc.	
(1) (4)		
N RES	year) occupation occupation	Othar Contributory Causes of importance:
	12. BIRTHPLACE (city or town)	-
MARGIN ITH UNFADI illy supplied. plain terms, so	W 13. NAME Robert G	
UN UPH ten	13. NAME Control 3. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
70	(Steta or country) maryland	What test confirmed diagnosis? Was there an autopsy?
Y, WITH carefully H in pla	15. MAIDEN NAME Many & Thome Man	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
INLY, We be careful EATH in important	15. MAIDEN NAME Many 7 Showydon 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury19
INLY, be can EATH import	(State or country) Manyland	Where did injury occur?
	17. INFORMANT Mary To Thompson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA Should OF D	(Address) All Agentation of Designation	
	Place Stelling Comelinate Novi 26, 1972	Manner of Injury
WRITE mation s CAUSE TION is	D P1	Neture of injury
FOH	19. UNDERTAKER Thompson	24. Was disaase or Injury in any way related to occupation of dacaased?
2 m	(Addrass) It! Inges md	If so, spacify
N. N.	20, FILED Nov 26, 1932 Mo	(Signad) M.
	docal Registrar.	(Address) Plat Mills Mills

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-----------	---------	------------	----	-----------